

Pro Se 14 (Rev. 10/16) Complaint for Violation of Civil Rights (Prisoner)

UNITED STATES DISTRICT COURT
for the
NORTHERN DISTRICT OF ALABAMARobert L Johnson 12587

Plaintiff

(Write your full name. No more than one plaintiff may be named in a complaint.)

-v-

Shannon Caidwell

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all of the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here. Your complaint may be brought in this court only if one or more of the named defendants is located within this district.)

2021 NOV 23 A 10:35

U.S. DISTRICT COURT
N.D. OF ALABAMACase No.: 2:21-cv-1560-MHH-GMB
(to be filled in by the Clerk's Office)COMPLAINT FOR VIOLATION OF CIVIL RIGHTS
(Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee of \$400.00 or an Application to Proceed *In Forma Pauperis*.

Mail the original complaint and the filing fee of \$400.00 or an Application to Proceed *In Forma Pauperis* to the Clerk of the United States District Court for the Northern District of Alabama, Room 140, Hugo L. Black U.S. Courthouse, 1729 5th Avenue North, Birmingham, Alabama 35203-2195.

I. The Parties to this Complaint

A. The Plaintiff

Provide the information below for the plaintiff named in the complaint.

| | | | |
|--|--------------------------------|--------------|--------------|
| Name | <u>ROBERT L. JOHN - 123757</u> | | |
| All other names by which you have been known | <u>IVIA</u> | | |
| ID Number | <u>123751</u> | | |
| Current Institution | <u>WILLIAM DENALD SCOTT</u> | | |
| Address | <u>1550 North</u> | <u>PA 11</u> | <u>35021</u> |
| City | State | Zip Code | |

B. The Defendant

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (*if known*) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

| | | | |
|---|-------------------------|---|--------------|
| Name | <u>SHANNON CAIDWELL</u> | | |
| Job or Title (if known) | <u>LT</u> | | |
| Shield Number | <u>LT</u> | | |
| Employer | <u>LINCOLN CITY RR</u> | | |
| Address | <u>ATHENS</u> | <u>AI</u> | <u>35611</u> |
| | City | State | Zip Code |
| <input checked="" type="checkbox"/> Individual Capacity | | <input checked="" type="checkbox"/> Official Capacity | |

Defendant No. 2

| | | | | | | | |
|----------------------------------|-------|---------------------|-------|--------------------------|----------|-------------------|--|
| Name | <hr/> | | | | | | |
| Job or Title (<i>if known</i>) | <hr/> | | | | | | |
| Shield Number | <hr/> | | | | | | |
| Employer | <hr/> | | | | | | |
| Address | <hr/> | City | <hr/> | | | | |
| | | <hr/> | State | <hr/> | Zip Code | | |
| <input type="checkbox"/> | | Individual Capacity | | <input type="checkbox"/> | | Official Capacity | |

Defendant No. 3

Name _____
Job or Title (if known) _____
Shield Number _____
Employer _____
Address _____
City _____ State _____ Zip Code _____
 Individual Capacity Official Capacity

Defendant No. 4

Name _____
Job or Title (if known) _____
Shield Number _____
Employer _____
Address _____
City _____ State _____ Zip Code _____
 Individual Capacity Official Capacity

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal law].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

Federal officials (a *Bivens* claim)
 State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities, secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

I HAVE PERSONAL PROPERTY STORED IN THE PROPERTY
ROOM AT 111 EAST 100 AND FROM MY OWN
WINDONST VIEWS THIS FROM A WHITE SET OF ST
TAKE PERSONAL PROPERTY OUT OF THE PROPERTY
AND THROWN AWAY Page 3 of 14 WITHHELD, AND I HAVE
TOSSED IT HOME NO COURT OR NOTIFICATION
THAT IT WAS TO BE DESTROYED 14-204-PROCES

C. Plaintiffs suing under *Bivens* may only recover for violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

14-8-DYU process of LON AND 4-Amendmant

D. Section 1983 allows defendants to be found liable only when they have acted “under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia.” 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

They thoncd my personal property my thair
they noobtice all over my house stuff my clothes

III. **Prisoner Status** 14-8-DYU process of LON AND 4-Amendmant

Indicate whether you are a prisoner or other confined person as follows (check all that apply):

- Pretrial Detainee
- Civilly committed detainee
- Immigration detainee
- Convicted and sentenced state prisoner
- Convicted and sentenced federal prisoner
- Other (explain): _____

IV. **State of Claim**

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

All of this happen while I was at LMSA CORR.

B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

in Lock up close to the DYNADYX
property room Right out side of door down the hall

C. What date and approximate time did the events giving rise to your claim(s) occur?

7-7-20

D. What are the facts underlying your claim(s)? (For example: *What happened to you? Who did what? Was anyone else involved? Who else saw what happened?*)

The white set of of Lockup and I had
A CORR officer who was going to assist me for the

V. Injuries BY THE TIME OF OFFICE TO DASH IN HE WAS FOR
TO GET HIM OFF HIS JOB

If you sustained injuries related to the events alleged above, describe your injuries in detail.

NO LOSS PROPERTY

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

I WANT THE COURT TO ORDER THAT I BE
COMPENSATED 5000 DOLLARS AND 5000 DOLLARS
IN EXEMPLARY DAMAGES FOR THE ON PHASE OF
THROWS MY THAI TRANSCRIPT AND MY CLOTHES
LEGAL BOOK AND A LOT OF OTHER THINGS
This is AT WHICHEVER THAT WORKS JUDGE
BLADDER UP AND I SAW AND WEIGHT ABOUT
300 POUNDS THAT WORKIN BACK UP

VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act (“PLRA”), 42 U.S.C. § 1997(a), requires that “[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted.”

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes
 No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

THIS IS NOT A SPECTROMETER

B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

Yes
 No
 Don't know

C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

- Yes
- No
- Don't know

If yes, which claims(s)?

ALL OUT THE CLAIMS PRESENTED BY THE BOARD OF ADJUSTMENT
TAKE CARE OF SIMPLE CLAIM FORM

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

Yes
 No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes
 No

E. If you did file a grievance:

1. Where did you file the grievance?

NO THIS IS NOT A SPINNING MATCH

2. What did you claim in your grievance?

→ DID NOT FILE A BOND AND FILE A

3. What was the result, if any?

They were Dismayed since they saw people like

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (*Describe all efforts to appeal to the highest level of the grievance process.*)

I RECEIVED THE DISMAY OF LIMUSTON
CONVY COURIER AND THEY TOLD ME TO SEND
ACOPY TO WILLIAM DONALD CORR, WHICH
IT TOOK PISCU AND I SENT A COPY ON
CPT SCHLESER AND GORDON AND THE PEOPLE
THE WAR IN AT DONALDSON CORR AND
THEY HAD A NEW ONE. NOW

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

This is not a grievable matter

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

I TOLD CAPT SPENCER AND WARDEN AND
They DID NOT HINCE

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies:

I file most appeal on ADMIN CLAIMS

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

VIII. Previous Lawsuits

The “three strikes rule” bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has “on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury.” 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had any cases dismissed based on grounds that it was frivolous, malicious, or failed to state a claim upon which relief may be granted?

Yes

No

If yes, state which court dismissed your case(s), when this occurred, and attach a copy of the order(s) if possible.

FEDERAL COURT OF BOSTON

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes

No

B. If your answer to "A" is "Yes," describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff(s) ROBERT L. JOHNSON 123451
Defendant(s) CAPTIONED CPT. AT WILLIAM DORRISON

2. Court (if federal court, name the district; if state court, name the county and State):

DISTRICT OF COLUMBIA CIRCUIT COURT

3. Docket or index number: 01 LIMESTONE COFFEE COMPANY v. 200 WASHINGTON AVENUE, ALEXANDRIA, VA 22314-35611

4. Name of Judge assigned to your case:

DO NOT REMOVED BY

5. Approximate date of filing lawsuit:

1-26-20

6. Is the case still pending?

Yes

No

If no, give the approximate date of disposition: 1-26-20

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

The case was dismissed and it appealed

IX. Certification and Closing ROBERT L. JOHNSON 123451 D-29

Under Rule 11 of the Federal Rules of Civil Procedure, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an

improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Printed Name of Plaintiff:

Robert L Johnson 12345 D-29

Prison Identification Number:

123451 D-29

Prison Address:

100 WARRIRLN

BOSCHMO A1035020

Asbury PA 35020

City

State

Zip Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 11-5-21

Robert L Johnson 123451

Signature of Plaintiff

**UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ALABAMA
SOUTHERN DIVISION**

ORDER OF DISMISSAL

The plaintiff, a prisoner in Donaldson Correctional Facility, filed this action under 42 U.S.C. § 1983. (Doc. 1). The magistrate judge entered a report, recommending that the court dismiss this case under 28 U.S.C. § 1915(g), because the plaintiff falls within the “three strike rule” of that statute. (Doc. 3). Although the report and recommendation advised the plaintiff of his right to file objections within 14 days, he filed none. The court has reviewed the plaintiff’s complaint carefully and is satisfied he has not alleged facts establishingng he is “under imminent danger of serious physical injury.” 28 U.S.C. § 1915(g).

Having carefully reviewed and considered de novo all the materials in the court file, including the report and recommendation, the court **ADOPTS** the magistrate judge's report and **ACCEPTS** his recommendation. The court **DENIES** the motion to proceed *in forma pauperis* (Doc. 2). Because the plaintiff failed to pay

ALABAMA STATE BOARD OF ADJUSTMENT

TO:

Robert L Johnson, #123451
100 Warrior Lane
Bessemer, AL 35023

Robert L Johnson, #123451
Claimant

v.

Claim Number 175-20210582

Corrections
Respondent State Agency

ORDER DISMISSING CLAIM

Claimant was directed to provide additional documentation to support this claim. That information has not been provided. Therefore, this claim must be dismissed for failure to provide the requested documentation within the time permitted.

It is therefore ORDERED that this claim is DISMISSED.

A certified copy of this Order shall be furnished to the parties or their attorneys or other identified representatives electronically or by United States Postal Service to the addresses on file.

Done: November 3, 2021

**FOR THE ALABAMA STATE BOARD OF
ADJUSTMENT**
By: /s/ Joy Simpson
JOY SIMPSON, Claims Clerk
Alabama State Board of Adjustment

CERTIFICATION

It is hereby certified that the foregoing is a true and correct copy of the Order Dismissing the Claim entered by the Alabama State Board of Adjustment as of the date stated below and a copy of the Order has been served as directed in the Order.

November 3, 2021

Date

/s/ Joy Simpson
JOY SIMPSON, Claims Clerk
State Board of Adjustment



STATE OF ALABAMA
BOARD OF ADJUSTMENT

ALABAMA STATE CAPITOL
600 DEXTER AVENUE, SUITE E-302
Montgomery, Alabama 36104
Telephone (334) 242-7175
FAX (334) 242-2008

BOARD MEMBERS

JOHN MCMILLAN
STATE TREASURER

JOHN H. MERRILL
SECRETARY OF STATE

KELLY BUTLER
FINANCE DIRECTOR

JIM ZEIGLER
STATE AUDITOR

NOTICE OF RECEIPT OF CLAIM

June 10, 2021

STAFF

JOHN MONTGOMERY
GENERAL COUNSEL

YVONNE TRAFFORD
CHIEF CLERK

JOY SIMPSON
CLAIMS CLERK

TO: Robert L. Johnson #123451
100 Warrior Lane
Bessemer, AL 35023

RE: NOTICE OF RECEIPT OF CLAIM

**THE FOLLOWING CLAIM NUMBER MUST BE PROVIDED WHEN COMMUNICATING
WITH THIS OFFICE OR THE AGENCY AGAINST WHICH YOUR CLAIM IS MADE:**

Claim No: 175-20210539
Claimant: Robert L. Johnson #123451
Amount Requested: \$50.00

The claim referenced above has been received and is on file with the Alabama State Board of Adjustment. Please have the claim number available when contacting this office.

A copy of the claim and supporting documentation is being sent to the state agency against which the claim is filed. You may be contacted by a representative of the respondent agency for additional information or documentation. The agency must file an answer to the claim within 30 days. If the agency's answer states that the claim is unopposed and recommends payment, the Board's rules allow administrative settlement. If the claim is opposed by the agency or if you decline an offer from the agency, a hearing will be necessary. If a hearing is necessary, a notice of the hearing date will be sent to all parties.

RESPONDENT AGENCY

Corrections
P. O. Box 301501
Montgomery, AL 36130-1501
(334) 353-3888